

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Association of Orthodontists Political Action Committee

ADDRESS (number and street)

401 N. Lindbergh Blvd

☐Check if different
than previously
reported. (ACC)

St. Louis

MO

63141

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00293910

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James R. Bowlin

Signature of Treasurer

Electronically Filed by James R. Bowlin

Date

04

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2006</div>	<div>152495.27</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>152495.27</div>	
(c) Total Receipts (from Line 19)	<div>38417.50</div>	<div>38417.50</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>190912.77</div>	<div>190912.77</div>
7. Total Disbursements (from Line 31)	<div>55538.00</div>	<div>55538.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>135374.77</div>	<div>135374.77</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19000.00	19000.00
(ii) Unitemized	19417.50	19417.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	38417.50	38417.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	38417.50	38417.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	38417.50	38417.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38417.50	38417.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		25250.00	25250.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		30288.00	30288.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		55538.00	55538.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		55538.00	55538.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	38417.50	38417.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38417.50	38417.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Thomas L. Ahman

Mailing Address 2777 Shagbark Dr

City State Zip Code
 Lima OH 45806

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13468

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. David J. Angus

Mailing Address 22 Discovery Rd

City State Zip Code
 Essex Junction VT 05452

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 6

Transaction ID: R13577

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Albert J. Apicella

Mailing Address 27 S Lewisberry Rd

City State Zip Code
 Mechanicsburg PA 17055

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13470

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul O. Austin, Jr.

Mailing Address 125 Chanteclair Cr

City State Zip Code
 Gulf Breeze FL 32561

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: R13615

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Richard L. Bridgham

Mailing Address 6 Lalli Dr

City State Zip Code
 Katonah NY 10536

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: R13587

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. David S. Briss

Mailing Address 200 Nashua Rd

City State Zip Code
 Groton MA 01450

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: R13585

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Mark A. Burbey Mailing Address 1411 Cowling Bay Rd City Neenah State WI Zip Code 54956 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: R13487 Amount of Each Receipt this Period 250.00 Credit Card
B. Full Name (Last, First, Middle Initial) Dr. John D. Callahan, Jr. Mailing Address 4 Morton Rd City Dewitt State NY Zip Code 13214 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: R13538 Amount of Each Receipt this Period 500.00 Check
C. Full Name (Last, First, Middle Initial) Dr. Stephen W. Colby Mailing Address 7416 Coventry Way City Edina State MN Zip Code 55439 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: R13486 Amount of Each Receipt this Period 250.00 Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Ross L. Crist

Mailing Address 1204 N Pikes Peak Cir

City State Zip Code
 Sioux Falls SD 57103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 6

Transaction ID: R13580

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Ralph DeDomenico

Mailing Address 18105 Crawley Rd

City State Zip Code
 Odessa FL 33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 2 / 2 0 0 6

Transaction ID: R13627

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Judith A. Demro

Mailing Address 3609 N Shore Dr

City State Zip Code
 Clear Lake IA 50428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: R13590

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John E. Dibert			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 625 Westchester Park Road			Transaction ID: R13537	
City State Zip Code Springfield OH 45504			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Check	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. David E. Drake			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 3944 Orchard Ln PO Box 394			Transaction ID: R13611	
City State Zip Code Scotland PA 17254			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Check	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. John H. Ferguson			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 163 P A Johns Rd NE PO Box 850			Transaction ID: R13534	
City State Zip Code Milledgeville GA 31061			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Check	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Harold L. Frank

Mailing Address 13208 Jasmine Hill Terrace

City State Zip Code
 Rockville MD 20850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: R13614

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. William J. Glenos, Jr.

Mailing Address 107 Inlet Dr
 Anastasia Island

City State Zip Code
 Saint Augustine FL 32080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 2 / 2 0 0 6

Transaction ID: R13631

Amount of Each Receipt this Period

1000.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Ara Curtis Goshgarian

Mailing Address 1322 W Deerpath

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: R13479

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David G. Haas

Mailing Address 1732 Granger Rd

City State Zip Code
Medina OH 44256

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: R13532

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Richard Furman Hewitt

Mailing Address 515 Huntington Rd

City State Zip Code
Greenville SC 29615

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: R13640

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Brett Joseph Hill

Mailing Address 138 Royal Pointe Way

City State Zip Code
Mooresville NC 28117

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 0 6

Transaction ID: R13628

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. James F. Hoag

Mailing Address 5308 E 22nd St

City State Zip Code
Casper WY 82609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 6

Transaction ID: R13466

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. John Kevin Holman

Mailing Address 2740 St Andrews Dr

City State Zip Code
Belden MS 38826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 6

Transaction ID: R13469

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Jeffrey W. Jordan

Mailing Address 1040 Lake Shore Overlook

City State Zip Code
Alpharetta GA 30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: R13539

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James Richard Karpac

Mailing Address 5816 Leven Links

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: R13533

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Elizabeth Mary Kellogg

Mailing Address 1312 S W 28th St

City State Zip Code
Rochester MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: R13582

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Seth C. Kleinrock

Mailing Address 5 Milbar Heath

City State Zip Code
Hewlett NY 11557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: R13536

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Dennis K. Langwith

Mailing Address 4555 41st St

City State Zip Code
 Des Moines IA 50310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: R13480

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Edward Y. Lin

Mailing Address 555 Main Ave #205

City State Zip Code
 De Pere WI 54115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13474

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. James H. Lovell

Mailing Address 290 Westmont

City State Zip Code
 West Hartford CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: R13589

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. James C. Lyles
Mailing Address 133 April Point Dr S

City State Zip Code
Montgomery TX 77356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: R13484

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Lee A. Mahlmann
Mailing Address 1611 Fair Oaks Ln

City State Zip Code
Richmond TX 77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 6

Transaction ID: R13613

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Fred I. Marconi, Jr.
Mailing Address 925 Arthur Godfrey Rd #300

City State Zip Code
Miami Beach FL 33140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 0 6

Transaction ID: R13633

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 88

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. DeWayne B. McCamish

Mailing Address 11 Ballard Bluff

City State Zip Code
Signal Mountain TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: R13482

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Carolyn Melita

Mailing Address 13 Upton St #6

City State Zip Code
Boston MA 02118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Transaction ID: R13606

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Robert B. Meyer

Mailing Address 110 Widecombe Ct

City State Zip Code
Cary NC 27513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: R13588

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. J. Gregory Morris

Mailing Address 4804 Hunters Crossing

City State Zip Code
 Valdosta GA 31602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: R13477

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Robert T. Morrison

Mailing Address 64 Willowbrook

City State Zip Code
 Hutchinson KS 67502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13467

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. John M. Nista

Mailing Address 6 Aston Cir

City State Zip Code
 Hockessin DE 19707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 6

Transaction ID: R13578

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Janet D. Pappas

Mailing Address 12530 SW 14th Ave

City State Zip Code
 Gainesville FL 32607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 2 / 2 0 0 6

Transaction ID: R13634

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. William R. Parks

Mailing Address 25 Museum Dr

City State Zip Code
 Newport News VA 23601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: R13591

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Robert N. Pickron

Mailing Address 5265 Chelsen Woods Dr

City State Zip Code
 Duluth GA 30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13475

Amount of Each Receipt this Period

1000.00

Check

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 88

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. A. Wright Pond, Sr.

Mailing Address 1025 Avon Court

City State Zip Code
 Colonial Heights VA 23834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13471

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Ronald Ritucci

Mailing Address 49 Pond Valley Rd

City State Zip Code
 Woodbury CT 06798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 6

Transaction ID: R13576

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Barry M. Rosenberg

Mailing Address 10 Norwood Rd

City State Zip Code
 West Hartford CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13465

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 88

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. John E. Roussalis, II

Mailing Address 1220 W 30th St

City State Zip Code
Casper WY 82601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 6

Transaction ID: R13638

Amount of Each Receipt this Period

250.00

Cash

B. Full Name (Last, First, Middle Initial)

Dr. George J. Sabol, III

Mailing Address 1432 Water Mill Cr

City State Zip Code
Virginia Beach VA 23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: R13535

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Charles A. Sadler, Jr.

Mailing Address 215 Breakwater Dr

City State Zip Code
Fishers IN 46038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 6

Transaction ID: R13612

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 88

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. David M. Solomon

Mailing Address 92 Louis Dr

City State Zip Code
 Montville NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13473

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Frederic C. Sterritt

Mailing Address 464 S Horizon Way

City State Zip Code
 Neshanic Station NJ 08853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 6

Transaction ID: R13540

Amount of Each Receipt this Period

1000.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Lucas E. Stevens

Mailing Address 7582 Refuge Rd

City State Zip Code
 Tallahassee FL 32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 2 / 2 0 0 6

Transaction ID: R13632

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. William W. Thomas, Jr.

Mailing Address 7103 Barrington Cir

City State Zip Code
 Naples FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 2 / 2 0 0 6

Transaction ID: R13629

Amount of Each Receipt this Period

1000.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Ryan K. Van Laecken

Mailing Address 710 Jonathon Dr

City State Zip Code
 Watertown SD 57201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: R13483

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Robert E. Varner

Mailing Address 161 Birdie Lane

City State Zip Code
 Roseburg OR 97470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 6

Transaction ID: R13579

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Nancy L. Villa

Mailing Address 45 Laird Rd

City State Zip Code
 Colts Neck NJ 07722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: R13485

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Walter A. Weaver, Jr.

Mailing Address 25 Dale St

City State Zip Code
 Swampscott MA 01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: R13481

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. James L. Wetzel, Jr.

Mailing Address 3305 Bella Vista Dr

City State Zip Code
 Casper WY 82601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 6

Transaction ID: R13575

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Tommy Neil Whited

Mailing Address 11281 Country Forest Cove

City State Zip Code
 Collierville TN 38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: R13472

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

19000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Congressman Duncan Hunter

Mailing Address 9340 Fuerte Drive Suite #302

City La Mesa State CA Zip Code 91941

Purpose of Disbursement
Contr.

Candidate Name
Duncan L. Hunter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Transaction ID: D745

Date of Disbursement

03 / 21 / 2006

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Dewine for US Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
Contr.

Candidate Name
Mike DeWine

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: D742

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Craig Thomas

Mailing Address PO Box 1580

City Casper State WY Zip Code 82602

Purpose of Disbursement
Contr.

Candidate Name
Craig Thomas

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: D748

Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Roy Blunt

Mailing Address PO Box 278

City
Strafford

State
MO

Zip Code
65757

Purpose of Disbursement
Contr.

Candidate Name
Roy Blunt

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: D743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 278

City
Strafford

State
MO

Zip Code
65757

Purpose of Disbursement
Contr.

Candidate Name
Roy Blunt

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: D744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Keller for Congress

Mailing Address PO Box 1453

City
Orlando

State
FL

Zip Code
32802

Purpose of Disbursement
Contr.

Candidate Name
Ric Keller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: D746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Kennedy '06

Mailing Address P.O. Box 49333

City
BlaineState
MNZip Code
55449Purpose of Disbursement
Contr.Candidate Name
Mark KennedyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District:

Transaction ID: D747

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

25250.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martinez-Leon, PA

Mailing Address 848 Brickell Key Drive
Ste. 604

City Miami State FL Zip Code 33131

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D905

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Robert Agnetta DDS, MS, PA

Mailing Address 5220 North Eagle Road

City Boise State ID Zip Code 83713

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D838

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nooshi Akavan DDS, MS, Inc

Mailing Address 18740 Ventura Blvd.
Ste. 103

City Tarzana State CA Zip Code 91356

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D839

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard H. Albright

Mailing Address 151 Eshelman Rd

City Lancaster State PA Zip Code 17601

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D765

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Timothy J. Alford DDS, PC

Mailing Address 3819 Fairview

City Anderson State IN Zip Code 46013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D754

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Wes Allai DDS, MS, Inc

Mailing Address 1200 Woodhurst Dr.

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter J. Antonellis DMD PA

Mailing Address 170 Changebridge Road
Suite C-5-2

City Montville State NJ Zip Code 07045

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D766

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert A. Arnold DDS, PC

Mailing Address 600 4th Street, NE

City Watertown State SD Zip Code 57201

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Orthodontic Associates, LTD

Mailing Address Suite 1

City Flossmoor State IL Zip Code 60422

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D817

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fort Lee Orthodontic Association

Mailing Address 2185 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D778

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roy D. Atkin DDS, Inc.

Mailing Address 122 Escondido Ave.
Suite 104

City Vista State CA Zip Code 92084

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D840

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Peter F. Bayer DDS, PA

Mailing Address 220 Hollywood Boulevard, SE

City Fort Walton Beach State FL Zip Code 32548

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D880

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark F. Bellard DDS, Inc

Mailing Address 3560 Delaware Street
Suite 901

City Beaumont State TX Zip Code 77706

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D927

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Frank R. Besson DMD Partnership

Mailing Address 1962 Westfield Ave.

City Scotch Plains State NJ Zip Code 07076

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D767

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. J. Alan Bloore DDS, MS, PC

Mailing Address 300 S. Beverly Drive
Suite 101

City Beverly Hills State CA Zip Code 90212

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D753

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roger Boero, DDS INC

Mailing Address 908 E. Street

City
San Rafael

State
CA

Zip Code
94901

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Frank A. Bogdan DMD PA

Mailing Address 552 Broadway

City
Bayonne

State
NJ

Zip Code
07002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis L. Bond DDS, LTD

Mailing Address 1443 Schaumburg Rd.

City
Schaumburg

State
IL

Zip Code
60194

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Borgula DDS, MS, PC

Mailing Address 5805-24 Mile Road

City
Shelby Township

State
MI

Zip Code
48316

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mark P. Brieden DDS, MS, PC

Mailing Address 158 Marcell NE

City
Rockford

State
MI

Zip Code
49341

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D756

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. David S. Bright DDS, Inc

Mailing Address 21703 Kingsland Blvd

City
Katy

State
TX

Zip Code
77450

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Broderick Vaught and Duse

Mailing Address 5010 Paulsen St.

City
Savannah

State
GA

Zip Code
31405

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dexter B. Brown DDS, MS, PS

Mailing Address 306 N. Delaware St.

City
Kennewick

State
WA

Zip Code
99336

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Thomas W. Butterfoss DMD PC

Mailing Address 4310 George Washington Memorial Hw

City
Grafton

State
VA

Zip Code
23692

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David R. Carden DMD PA

Mailing Address 3540 South Third Street

City Jacksonville State FL Zip Code 32250

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jerry F. Cash Orthodontist PC

Mailing Address 1722 S. Glenstone
Glenstone Square, Suite DD

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Steve L. Caudill DDS, PC

Mailing Address 270 North Sykes Creek Pkwy

City Merritt Island State FL Zip Code 32953

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D884

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Cavalier DMD, MDS, PC

Mailing Address 3135 New Germany Road

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D769

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Lewis P. Chapman DMD PC

Mailing Address 1550 E. Trinity Blvd.

City Montgomery State AL Zip Code 36106

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D886

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. David T. Cheung DDS, PC

Mailing Address 249 F. Street

City Chula Vista State CA Zip Code 91910

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D843

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benjamin F.D. Chikes

Mailing Address 150 West Fulton Street

City Ephrata State PA Zip Code 17522

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kyle R. Childers DMD, MS, PC

Mailing Address 201 West Washington St.

City Benton State IL Zip Code 62812

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dean Christensen, DMD, PC

Mailing Address 195 East Gentile Street

City Layton State UT Zip Code 84041

Purpose of Disbursement

Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tina S. Chung DMD MS, LLC

Mailing Address 1005 Clifton Avenue

City Clifton State NJ Zip Code 07013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D771

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. William J. Cline DMD PC

Mailing Address 20 A. Felton Place

City Cartersville State GA Zip Code 30120

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D887

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Zenaida Cofie

Mailing Address 7926 Evesboro Dr

City Severn State MD Zip Code 21144

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D772

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Collons DDS, Inc.

Mailing Address 1033 Gayley Ave

City
Los Angeles

State
CA

Zip Code
90024

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D844

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kevin T. Coyle DMD PA

Mailing Address 295 Princeton-Highstown Road

City
West Windsor

State
NJ

Zip Code
08550

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. James M. Crouse DDS, PA

Mailing Address 22786 Nanticoke Road

City
Quantico

State
MD

Zip Code
21856

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D774

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Antonio Cucalon III, DDS, Inc

Mailing Address 2060 Union St.
Ste. 2

City San Francisco State CA Zip Code 94123

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D845

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Todd A. Curtis DDS, MS, LTD

Mailing Address 124 California St

City Sycamore State IL Zip Code 60178

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D801

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kay D. Daniel

Mailing Address 2960 East Gause Blvd.

City Slidell State LA Zip Code 70461

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D888

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles R. De Lorimier DDS, Inc.

Mailing Address 3434 Villa Lane
Suite 110

City Napa State CA Zip Code 94558

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D846

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. R. Del Priore DDS, PA

Mailing Address 121 County Road

City Tenafly State NJ Zip Code 07670

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Suzanne Dennis DDS, MS, PC

Mailing Address 895 Rio East Court
Ste. A

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D889

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Edmonds DDS, MS, LLC

Mailing Address 2949 SW Wanamaker Drive

City State Zip Code
Topeka KS 66614

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D930

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Toro Espec. en Ortodoncia CSP

Mailing Address Fajardo Caribbean Cinemas
Suite 205

City State Zip Code
Fajardo PR 00738

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D793

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Fanning DDS, PA

Mailing Address 3900 Eubank, NE
Suite 7

City State Zip Code
Albuquerque NM 87111

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D876

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lazy C. Farms

Mailing Address 3822 Rosemont Dr.

City Columbus State GA Zip Code 31904

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D885

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Austin W. Feeney DDS, LLC

Mailing Address PO Box 638
45 Pine Street

City New Canaan State CT Zip Code 06840

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Randy M. Feldman DDS, MS, PA

Mailing Address 1773 W. Fletcher Ave

City Tampa State FL Zip Code 33612

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Curtis Friedenberg

Mailing Address 331 Sunset Drive

City State Zip Code
Cumberland MD 21502

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Samuel B. Galkin DDS, MS, PA

Mailing Address 711 Amboy Avenue

City State Zip Code
Woodbridge NJ 07095

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Lloyd E. Gauntt DDS, MS, INC

Mailing Address 725 W. La Veta Ave
Suite 120

City State Zip Code
Orange CA 92868

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D847

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Goodchild and Goodchild DDS, PC

Mailing Address 4700 Chamblee-Dunwoody Rd.

City Dunwoody State GA Zip Code 30338

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Bernardi and Groesch DDS, LTD

Mailing Address 2534 Farragut Drive

City Springfield State IL Zip Code 62704

Purpose of Disbursement

Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Richard Gutierrez DDS, MS, INC

Mailing Address PO Box 4466

City El Centro State CA Zip Code 92243

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel L. Hall DDS, MSD, Inc

Mailing Address 234 Oak Meadow Drive

City State Zip Code
Los Gatos CA 95030

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. A.B. Hammond PC

Mailing Address 208 E. Washington Street

City State Zip Code
Lexington VA 24450

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Cosmo Haralambidis DMD Inc.

Mailing Address 59 Phenix Ave.

City State Zip Code
Cranston RI 02920

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence Harte DDS, PA

Mailing Address 6 Apple Tree Lane

City State Zip Code
Sparta NJ 07871

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D779

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Thomas Hartman, DDS, MS, Inc.

Mailing Address 2601 Boniface Parkway

City State Zip Code
Anchorage AK 99504

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D850

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Steven L. Hechler DDS, MS, PA

Mailing Address 12800 Metcalf Ave
Suite 1

City State Zip Code
Overland Park KS 66213

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lana R. Helms DDS, MSD, PC

Mailing Address PO Box 905

City
Washington

State
IN

Zip Code
47501

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Harold E. Hickam DDS, PC

Mailing Address PO Box 1592

City
Perry

State
GA

Zip Code
31069

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. John J. Hodge DMD, MS, PA

Mailing Address 4227 Poplar Springs Dr.

City
Meridian

State
MS

Zip Code
39305

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hovda DDS, MS, SC

Mailing Address 519 N. 17th Avenue

City Wasau State WI Zip Code 54401

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D803

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Bruce W. Hultgren DDS, PA

Mailing Address 101 S. Park Ave.

City Le Center State MN Zip Code 56057

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D804

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. James B. Indiveri DMD PC

Mailing Address 300 West R.D. Mize Road

City Blue Springs State MO Zip Code 64014

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D805

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Ive DDS, MSD, PS

Mailing Address 19214 Bothell Way, NE

City Bothell State WA Zip Code 98011

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Jacobsen DDS, MS, INC

Mailing Address 12587 Hesperia Road
Suite A

City Victorville State CA Zip Code 92392

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D852

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Jacobus, Jr., DDS, MS, PC

Mailing Address 1100 SW St. Lucie West Blvd
Suite 207

City Port St. Lucie State FL Zip Code 34986

Purpose of Disbursement

Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ernst K. Janzen DDS, MS and Assoc.

Mailing Address 1220 Meadow Road
Third Floor

City Northbrook State IL Zip Code 60062

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mark W. Johnston DMD MS, PC

Mailing Address 1070 Woodlawn Drive
Suite 200

City Marietta State GA Zip Code 30068

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Douglas A. Jolstad

Mailing Address 20770 Linwood Rd

City Deephaven State MN Zip Code 55331

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C. Jones DDS, PC

Mailing Address 25 Cleveland Ave
Ste. E

City Martinsville State VA Zip Code 24112

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D899

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. John Katsis DDS, LTD

Mailing Address 110 South Oak Ave

City Bartlett State IL Zip Code 60103

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D809

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Barry M. Katzen DDS, PC

Mailing Address 2937 Siskiyou Blvd

City Medford State OR Zip Code 97504

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D853

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. W. A. Kimbrough DDS, MS, Inc

Mailing Address 1542 Green Oak Place

City State Zip Code
Kingwood TX 77339

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Shanon Kirchhoff DDS, PC

Mailing Address 1461 N. Kingshighway

City State Zip Code
Cape Girardeau MO 63701

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Thomas L. Klechak DDS, PA

Mailing Address 943 Cesery Blvd.

City State Zip Code
Jacksonville FL 32211

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Herbert Klontz DDS, INC

Mailing Address 3621 NW 63rd

City
Oklahoma City

State
OK

Zip Code
73116

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. James Krumholtz DDS, PA

Mailing Address 7301A W. Plametto Pike Road

City
Boca Raton

State
FL

Zip Code
33433

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Gregory F. Kubik LTD

Mailing Address 490 Coventry Lane
Suite 200

City
Crystal Lake

State
IL

Zip Code
60014

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Albert O.J. Landucci DDS, Inc.

Mailing Address 2720 Edison St.

City State Zip Code
 San Mateo CA 94403

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D854

Date of Disbursement

M M / D D / Y Y Y Y
 03 31 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. D. William Lange DMD, Inc.

Mailing Address 9157 Montgomery Road

City State Zip Code
 Cincinnati OH 45242

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D759

Date of Disbursement

M M / D D / Y Y Y Y
 03 31 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Robert Larson, PC

Mailing Address 6070 N. Keystone Ave.

City State Zip Code
 Indianapolis IN 46220

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D760

Date of Disbursement

M M / D D / Y Y Y Y
 03 31 2006

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence E. Levy DMD, PA

Mailing Address Two Great Falls Plaza

City Auburn State ME Zip Code 04210

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D827

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Amy T. Light DMD, PC

Mailing Address 9812 Falls Road
Suite 118

City Potomac State MD Zip Code 20854

Purpose of Disbursement

Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D781

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Rodney Littlejohn DDS, PC

Mailing Address 211 West Main Street

City Waterloo State NY Zip Code 13165

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D828

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Lozman DDS, PC

Mailing Address 17 Johnson Road

City Latham State NY Zip Code 12110

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D829

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Albert Lucas DMD, PA

Mailing Address 11141 SW 64th Ave.

City Pinecrest State FL Zip Code 33156

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Joseph Lunsford DDS, MS, PA

Mailing Address 7301-AW Palmetto Park Road
Suite 104-C

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Mahlmann DDS, MS, Inc

Mailing Address 4411 Avenue N

City
Rosenberg

State
TX

Zip Code
77471

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Charles A. Manilla DDS, MS, Inc.

Mailing Address 347 Park Ave.

City
Hamilton

State
OH

Zip Code
45013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Richard Mariani Jr, PA

Mailing Address 7741 SW 62nd Ave

City
South Miami

State
FL

Zip Code
33143

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D904

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Mattson, DMD PA

Mailing Address PO Box 250

City Olney State MD Zip Code 20832

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Gary McMullen DDS, Inc.

Mailing Address 7916 Pebble Beach Dr.
Suite 105

City Citrus Heights State CA Zip Code 95610

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. William Mehan, DMD PA

Mailing Address 113 Mammoth Road

City Manchester State NH Zip Code 03109

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Melcher DDS, MS, PC

Mailing Address 335 S. Boulder Road

City Louisville State CO Zip Code 80027

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael L. Mizell DDS, PC

Mailing Address 7700 San Felipe
Ste. 250

City Houston State TX Zip Code 77063

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D936

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Alan B. Montgomery Orthodontics

Mailing Address 4525 Hodgson Road
Suite 700

City Shoreview State MN Zip Code 55126

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert B. Moss Jr. DMD, PC

Mailing Address 1600 Third Avenue

City Albany State GA Zip Code 31707

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kirby M. Nelson DDS, PS

Mailing Address 244 Bendigo Blvd.,

City North Bend State WA Zip Code 98045

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. F. James O'Bosky DDS, PA

Mailing Address 70 West Allendale Ave

City Allendale State NJ Zip Code 07401

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175.00

SUBTOTAL of Disbursements This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kay W. O'Leary DDS, PA

Mailing Address 2286 Tamiami Trail

City State Zip Code
Port Charlotte FL 33952

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mark C. Oberheim DMD, MDS, PC

Mailing Address 2601 Wilmont Drive

City State Zip Code
Montoursville PA 17754

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. G. Stephen Ollard DDS, PLLC

Mailing Address 6311 Kingston Pike
Suite 26W

City State Zip Code
Knoxville TN 37919

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D909

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce Ollins, DMD PA

Mailing Address 653 Franklin Avenue

City Nutley State NJ Zip Code 07110

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D786

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Long Orthodontic Associates

Mailing Address 299 Hess Blvd.

City Lancaster State PA Zip Code 17601

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Alabama Orthodontics Assoc., PC

Mailing Address 125 N. Chalkville Road

City Trussville State AL Zip Code 35173

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Just Orthodontics DDS, SC

Mailing Address 340 East Reed Ave

City
Manitowoc

State
WI

Zip Code
54220

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D808

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Embrace Orthodontics Inc.

Mailing Address 130 S. Alvarado St.

City
Los Angeles

State
CA

Zip Code
90057

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D856

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Pitts Orthodontics LTD

Mailing Address Caughlin Parkway
Suite 305

City
Reno

State
NV

Zip Code
89509

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D859

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cambridge Orthodontics PA

Mailing Address PO Box 206

City
Cambridge

State
MN

Zip Code
55008

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Sprayberry Orthodontics PC

Mailing Address 773 North Dean Road

City
Auburn

State
AL

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Inman Orthodontics PSC

Mailing Address 520 N. Miles St.

City
Elizabethtown

State
KY

Zip Code
42701

Purpose of Disbursement

Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Werner Orthodontics, Inc.

Mailing Address 9602 E. Washington

City Indianapolis State IN Zip Code 46229

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D763

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Pitts Orthodontics, LTD

Mailing Address Caughlin Parkway
Suite 305

City Reno State NV Zip Code 89509

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Avon Orthodontics

Mailing Address 8244 E. US Hwy 36

City Avon State IN Zip Code 46168

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D758

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Modern Orthodontics

Mailing Address 5401 Willow Lane

City Colleyville State TX Zip Code 76034

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D931

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. South Texas Orthodontics

Mailing Address 14855 Blanco Road

City San Antonio State TX Zip Code 78216

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D929

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. David Paolini, DMD, LTD

Mailing Address 250 Buford Avenue

City Gettysburg State PA Zip Code 17325

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D787

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Noffell-Feuerhahn Capital Partnership

Mailing Address 5 Doctors Park

City Cape Girardeau State MO Zip Code 63701

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Noffell-Feuerhahn Capital Partnership

Mailing Address 5 Doctors Park

City Cape Girardeau State MO Zip Code 63701

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. James M. Phillips DMD, PC

Mailing Address 1675 Montclair Road
Ste. 228

City Birmingham State AL Zip Code 35210

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Pierce DMD, PC

Mailing Address 81 George Street

City State Zip Code
Manhasset NY 11030

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Gary L. Pool DMD, MS, PC

Mailing Address 1721 Russell Parkway

City State Zip Code
Warner Robins GA 31088

Purpose of Disbursement

Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jacob Posen, DMD, PC

Mailing Address 2 Byram Brook Place

City State Zip Code
Armonk NY 10504

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry D. Raphael DMD, PA

Mailing Address 1425 Broad Street

City Clifton State NJ Zip Code 07013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Donald A. Ray, DDS, MS, PA

Mailing Address 385 Pineda Ct.

City Melbourne State FL Zip Code 32940

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Richard H. Renwick, DDS, LTD

Mailing Address 1713 Campbell St.

City Joliet State IL Zip Code 60435

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stephen C. Roehm

Mailing Address 1315 Featherwood Dr

City
Dunlap

State
IL

Zip Code
61525

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dennis L. Roginson DDS, PC

Mailing Address 22600 Ventura Blvd.
Suite 202

City

Woodland Hills

State
CA

Zip Code
91364

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Charles O. Rohrer, DDS, PA

Mailing Address 625 E. Nicollet Blvd.

City

Burnsville

State
MN

Zip Code
55337

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas P. Rose, DDS, MS, PC

Mailing Address 17900 Brookhurst Street
Suite C

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D861

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jacqueline G. Rosen DDS, MS, PC

Mailing Address 355 W. Dundee
Suite 215

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Neil D. Ross DDS, PC

Mailing Address 826 Altos Oaks Drive
Suite C

City Los Altos State CA Zip Code 94024

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bert D. Rouleau DMD, MS, Inc

Mailing Address 1174 Castro Street
Ste. 120

City Mountain View State CA Zip Code 94040

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Charles Ruff, DMD, PA

Mailing Address 12 Park Street

City Waterville State ME Zip Code 04901

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. S. Everett Rushing, DMD, PA

Mailing Address 5417 Robinson Road

City Jackson State MS Zip Code 39204

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Sabott, DDS, MS, PC

Mailing Address 1717 Folsom St.

City
Boulder

State
CO

Zip Code
80302

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D878

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Steven L. Scher, DDS, PC

Mailing Address 24 Imperial Avenue

City
Westport

State
CT

Zip Code
06880

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ray Scott Smith DMD, PC

Mailing Address 275 Bicentennial Hwy

City
Springfield

State
MA

Zip Code
01118

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory P. Scott, DDS, PA

Mailing Address 5110 South Lakeland Dr.

City Lakeland State FL Zip Code 33813

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D916

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dona M. Seely, DDS, PS

Mailing Address 15507 2nd Ave SW

City Seattle State WA Zip Code 98166

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

520.00

Full Name (Last, First, Middle Initial)

C. Jeffrey W. Seiger DMD, LLC

Mailing Address 1 Black Oak Trail

City Warren State NJ Zip Code 07059

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Orthognathic Services LTD

Mailing Address 14004 53rd Ave

City
Plymouth

State
MN

Zip Code
55446

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. Michael W. Sheets DMD, MS, PC

Mailing Address 2434 NW Professional Drive

City
Corvallis

State
OR

Zip Code
97330

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Larry C. Smedley DDS, LTD

Mailing Address 797-4 E. Lancaster Ave.

City
Downingtown

State
PA

Zip Code
19335

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John R. Smith, DDS, PA

Mailing Address 1350 Tuskawilla Road

City
Winter Springs

State
FL

Zip Code
32708

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. J. Randall Smith, DDS, PC

Mailing Address 205 South Jackson Street

City
Tullahoma

State
TN

Zip Code
37388

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D918

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Orthodontic Specialists of Green Bay

Mailing Address 11 Broadview Dr.

City
Green Bay

State
WI

Zip Code
54301

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. M.E. Steen, DDS, PA

Mailing Address 840 West New York Avenue

City Deland State FL Zip Code 32720

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D920

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael G. Steinberg DDS, PA

Mailing Address 241 Millburn Ave.

City Millburn State NJ Zip Code 07041

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Donna J. Stenberg, DDS, MS, PA

Mailing Address 1395 Curve Crest Blvd.

City Stillwater State MN Zip Code 55082

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claude Stephens, Jr. DDS, MS, PC

Mailing Address 555 East Beltline

City DeSoto State TX Zip Code 75115

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D937

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Robert E. Sutter, DDS, Inc.

Mailing Address 1101 W. Tokay St.
Suite 3

City Lodi State CA Zip Code 95204

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D866

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. H. Dixon Taylor, DDS, PC

Mailing Address 4501 Cowell Road

City Concord State CA Zip Code 94518

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D867

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Theurer, DDS, MS, PC

Mailing Address 1629 West Avenue
Ste. 108

City Lancaster State CA Zip Code 93534

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. William J. Thomas, DDS, MS, LTD

Mailing Address 100 Church Street

City Vienna State VA Zip Code 22180

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. David Tillmanns, DDS, MSD, Inc

Mailing Address 2680 S. White Road
Suite 255

City San Jose State CA Zip Code 95148

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D869

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas F. Tilson, DDS, MS, PLLC

Mailing Address 1934 E. Fourth Avenue

City Olympia State WA Zip Code 98506

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D870

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert E. Varner DMD, PC

Mailing Address 1729 West Harvard

City Roseburg State OR Zip Code 97470

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D871

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. George L. Walker LTD

Mailing Address 804 W. Stephenson St.

City Freeport State IL Zip Code 61032

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

118.00

SUBTOTAL of Disbursements This Page (optional)

318.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. L. Wasson, DDS, PC

Mailing Address Suite 218-Executive Square

City State Zip Code
Memphis TN 38119

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D923

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr. Lisa K. Wendling

Mailing Address 9410 Maple St
PO Box 278

City State Zip Code
New Lothrop MI 48460

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Bonnie Daniels Wheatley, DMD, PSC

Mailing Address 100 Hubbard Road

City State Zip Code
Winchester KY 40391

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D924

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cassy Wiggins, DMD, PC

Mailing Address 17021 Lincoln Avenue
Unit A

City State Zip Code
Parker CO 80134

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D879

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Timothy J. Wilkins DDS, MS, PC

Mailing Address 1950 Holland Ave

City State Zip Code
Port Huron MI 48060

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D764

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Walter P. Witherspoon Jr. PA

Mailing Address 205 Medical Cir

City State Zip Code
West Columbia SC 29169

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D926

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter W. Worth, DDS, Inc.

Mailing Address 9197 Greenback Lane
Suite A

City Orangevale State CA Zip Code 95662

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D873

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard M. Wright, DDS, PC

Mailing Address One Park Place
Suite 240

City Fredonia State NY Zip Code 14063

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Bankhead and Firth Orthodontics PC

Mailing Address 5524 Telegraph Road

City St. Louis State MO Zip Code 63129

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bohl and Race Orthodontics, SC

Mailing Address 12720 W. North Ave

City State Zip Code
Brookfield WI 53005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D818

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Howells and Reed, LLP

Mailing Address 2702 Old Route 220 N.

City State Zip Code
Altoona PA 16601

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Morris and Taylor, LTD

Mailing Address 500 Rodman Avenue

City State Zip Code
Portsmouth VA 23707

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D906

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Morris and Taylor, LTD

Mailing Address 500 Rodman Avenue

City
Portsmouth

State
VA

Zip Code
23707

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D921

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Phillips and White Orthodontics PA

Mailing Address 914 Medallion Drive

City
Greenwood

State
MS

Zip Code
38930

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D925

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

30288.00